

GRAD 5974 MCB Laboratory Rotations - Evaluation Form

Date: _____

Your Name: _____

Mentor's Name: _____

Evaluation Period: Rotation 1

Rotation 2

Rotation 3

Were the expectations and objectives of your rotation made clear to you?

How much did you interact with your mentor? Did the extent and type of interaction work well for you?

Were five weeks enough to time to judge whether this lab could be a match for you?

Were you satisfied with the laboratory environment and atmosphere? What, if anything, did you miss?

Would you join this lab if given the opportunity?

Would you recommend this lab to future MCB students?

Do you have any other comments?

Would you like to meet with one of the co-directors to discuss your experience?

Yes

No

Signature